

2006 Consumer Report Card Survey – Part 1
(to be filed on or before May 1, 2006)

Managed Care Organization: _____

Address: _____

Contact Person: _____

Title: _____

Phone Number: _ (_____) _____

E-Mail Address: _____

All information, except where otherwise specified, should be for the time period of January 1, 2005, through December 31, 2005.

Total Connecticut direct written health premiums from managed care plans.	\$ _____
--	----------

Profit/Non-Profit Status:	
For Profit { }	Not For Profit { }

Model Type:	
Indemnity { }	HMO { }

Has the Managed Care Organization applied for NCQA Accreditation?			
No { }		Yes { }	
If yes, please select one of the following:			
Excellent (HMO/POS)	{ }	Full Accreditation (PPO)	{ }
Commendable (HMO/POS)	{ }	One Year Accreditation (PPO)	{ }
Accredited	{ }	Provisional Accreditation	{ }
Denied Accreditation	{ }	In Process	{ }

Does the Managed Care Organization market managed care plans to individuals?	
Yes { }	No { }

Does the Managed Care Organization contract:

☐ **directly with providers** ☐ **with individual networks**

Please list the name(s) of the contracted network(s)

Do your contracts or procedures with providers or contracted network vendors allow the participating providers to collect a copay that is in excess of the negotiated allowable amount? _____

Please explain how you monitor this. _____

Service area by county (check all that apply):

Fairfield County	<input type="checkbox"/>	New Haven County	<input type="checkbox"/>
Hartford County	<input type="checkbox"/>	New London County	<input type="checkbox"/>
Litchfield County	<input type="checkbox"/>	Tolland County	<input type="checkbox"/>
Middlesex County	<input type="checkbox"/>	Windham County	<input type="checkbox"/>

Medical Loss Ratio: _____%

The medical loss ratio is defined as the ratio of incurred claims to earned premium for the prior calendar year for managed care plans issued in Connecticut. Claims shall be limited to medical expenses for services and supplies provided to enrollees and shall not include expenses for stop loss, reinsurance, enrollee educational programs, or other cost containment programs or features.

Customer Service Information:

Phone Number(s) _____

Hours the phone number is staffed. _____

Days of the week the phone number is staffed _____

Utilization Review Data:

- **Utilization review data must include utilization review performed by all companies which may be sub-contracted, including carve-out services under contract with the Managed Care Organization for its managed care enrollees.**

- A. The total number of utilization review requests. _____
- B. The total number of adverse determinations (denials)* based on A. _____
- C. The total number of adverse determinations in B above regarding an admission, service, procedure, or an extension of stay that were appealed. (if multiple levels of appeals, count only once) _____
- D. The total number of adverse determinations in B above, regarding an admission, service, procedure, or an extension of stay that were appealed, and reversed on appeal. _____

***Negotiated or partial certifications are to be included in this figure.**

The percentage of employers or groups that did not renew their contracts during 2005. _____ %

Enrollment:

Number of enrollees in all fully insured managed care plans issued in Connecticut as of December 31, 2005. (Do not include enrollees of government-sponsored programs in this figure.) _____ (A)

Number of Connecticut enrollees, covered in self-insured managed care plans administered by the Managed Care Organization & government-sponsored programs (as of December 31, 2005). _____ (B)

Total Enrollment (add two lines above). _____ (C)

Total Number of participating primary care physicians located in each Connecticut county as of December 31, 2005:

Important : If the Managed Care Organization utilizes multiple networks, the statistical information should be provided for the network with the lowest primary care physician (PCP) participation.

Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Pediatrics, and General Pediatrics. OB/GYN physicians are not considered to be primary care physicians for this tabulation.

An individual physician may only be listed as a primary care physician or a physician specialist, and may not be listed as both a primary care physician and a physician specialist.

If an individual physician occupies more than one office, the physician may count as only one physician, in one county (not two or more).

If an individual physician occupies an office in two different counties, the physician shall only be listed in the county that has the largest number of enrollees.

Fairfield County	_____	New Haven County	_____
Hartford County	_____	New London County	_____
Litchfield County	_____	Tolland County	_____
Middlesex County	_____	Windham County	_____

Total number of participating physician specialists located in each Connecticut county as of December 31, 2005:

Important: If the Managed Care Organization utilizes multiple networks, the statistical information should be provided for the network with the lowest primary care physician (PCP) participation.

Physician specialists are defined to include all other physicians that are not considered to be primary care physicians in the definition used to tabulate primary care physicians.

An individual physician may only be listed as a primary care physician or a physician specialist, and may not be listed as both a primary care physician and a physician specialist.

If an individual physician occupies more than one office, the physician may count as only one physician, in one county (not two or more).

If an individual physician occupies an office in two different counties, the physician shall only be listed in the county that has the largest number of enrollees.

Fairfield County	_____	New Haven County	_____
Hartford County	_____	New London County	_____
Litchfield County	_____	Tolland County	_____
Middlesex County	_____	Windham County	_____

Total number of participating acute care hospitals located in each Connecticut county as of December 31, 2005:

Important: If the Managed Care Organization utilizes multiple networks, the statistical information should be provided for the network with the lowest primary care physician (PCP) participation.

Fairfield County	_____	New Haven County	_____
Hartford County	_____	New London County	_____
Litchfield County	_____	Tolland County	_____
Middlesex County	_____	Windham County	_____

Total number of participating pharmacies located in each Connecticut county as of December 31, 2005:

Important: If the Managed Care Organization utilizes multiple networks, the statistical information should be provided for the network with the lowest primary care physician (PCP) participation.

Fairfield County	_____	New Haven County	_____
Hartford County	_____	New London County	_____
Litchfield County	_____	Tolland County	_____
Middlesex County	_____	Windham County	_____

CERTIFICATION OF ACCURACY

I, _____, _____ of
(Printed Name) (Title)

_____, hereby certify that I have reviewed
(Managed Care Organization)

the information submitted in this survey, including any attached addendum, in accordance with §38a-478c of the Connecticut General Statutes as amended, and that the information is true and accurate.

(Signature)

(date)